



NOTICE OF INTENT (NOI)

for Arizona Pollutant Discharge Elimination System (AZPDES) Small Municipal Separate Storm Sewer System (MS4) General Permit (AZG2016-002)

Regulated small Municipal Separate Storm Sewer Systems (MS4s) must submit a Notice of Intent (NOI) to the Arizona Department of Environmental Quality (ADEQ) to obtain MS4 general permit coverage. Permittees must complete a NOI form and submit the original, ink-signed document to the address below:

Arizona Department of Environmental Quality
Surface Water Section/ Stormwater & General Permits Unit (5415A-1)
1110 West Washington Street
Phoenix, AZ 85007



A. SMALL MS4 INFORMATION

Legal Name of Municipality or Organization:

Carl T. Hayden VA Medical Center

Choose one:

☒ Existing Permittee

☐ New Permittee

Operator Type:

Hospital

Mailing Address:

650 E. Indian School Rd

County:

[Click here to enter text.](#)

City:

Phoenix

State:

AZ

Zip Code:

85012

Latitude/ Longitude at approximate geographic center of MS4 (D/M/S):

33. 29.804N 112. 3.997 W

B. PRIMARY MS4 PROGRAM MANAGER CONTACT PERSON

Name:

Robert G. Carlson

Title:

GEMS Program Manager

Department:

Engineering

Mailing Address:

650 E. Indian School Rd

City:

Phoenix

State:

AZ

Zip Code:

85012

Phone Number:

(602) 277-5551 x 6335

Fax Number:

(602) 222-2707

Email Address:

Robert.carlson@va.gov

Has another governmental entity agreed to satisfy any of your permit obligations?

☐ Yes

☒ No

If "yes" to the above question, name the other governmental entity and describe the agreement(s) between entities:

[Click here to enter text.](#)

C. BILLING INFORMATION

Same as Primary MS4 Program Manager Contact Person Information? If "yes," proceed to Section D.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Name: Click here to enter text.		Title: Click here to enter text.	
Department: Click here to enter text.			
Mailing Address: Click here to enter text.			
City: Click here to enter text.	State: Click here to enter text.	Zip Code: Click here to enter text.	
Phone Number: Click here to enter text.	Fax Number: Click here to enter text.	Email Address: Click here to enter text.	

D. ENFORCEMENT AUTHORITY OR OTHER MECHANISM

Illicit Discharge Detection and Elimination (IDDE) Enforcement Authority or other mechanism established?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Describe IDDE Enforcement Authority or other mechanism: Section 438 of the Energy Independence and Security Act of 2007 (EISA) requires federal agencies develop and redevelop applicable facilities in a manner that maintains or restores stormwater runoff to the maximum extent technically feasible.			
Name of Enforcement Authority or other mechanism: (VA) Site Development Design Manual – 2/2013 enforced by Chief, Engineering Services.		Effective Date or Estimated Date of Adoption: February 1, 2013	
Construction Site Stormwater Runoff Enforcement Authority or other mechanism established?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Construction Site Stormwater Enforcement Authority or other mechanism: LOW IMPACT DEVELOPMENT (LID) involves a design approach that begins early in the site design process and includes the design of structural stormwater best management practices (BMP's). The three components are: Site Planning, Hydrologic Management, and LID Management practices that minimize runoff from roofs and pavements, converts concentrated flow to sheet flow and then manages it.			
Name of Enforcement Authority or other mechanism: Assigned Contracting Officer enforces VA General Requirements (01-00-00)		Effective Date or Estimated Date of Adoption: 2/1/2013	
Post-Construction Stormwater Management Enforcement Authority or other mechanism established?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Describe Post-Construction Enforcement Authority or other mechanism: Upon completion of the project and after removal of all debris, rubbish, and temporary construction, the Contractor shall leave the construction area in a clean condition satisfactory to the VA. This included disposal of all items and materials not required to be salvaged. Authorization of final payment is dependent on this item.			
Name of Enforcement Authority or other mechanism: Section 01 57 19, Temporary Environmental Controls enforced by Chief, Engineering Services.		Effective Date or Estimated Date of Adoption: 9/28/2015	

E. MAPPING COMPONENTS

1. Stormwater Sewer Mapping (including roads with drainage system, municipal streets, catch basins, curbs, gutter, ditches, man-made channels, or storm drains that are owned or operated by the permittee and convey stormwater to Waters of the US)	Percent Complete at time of NOI submission 100%
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If 100% of requirements are NOT met for an existing permittee and for all new permittees, include a timeline, measurable goals, and estimated date of completion (MM/YY) for Stormwater Sewer Mapping:

[Click here to enter text.](#)

2. Outfall Mapping	Percent Complete at time of NOI submission 100%
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If 100% of requirements are NOT met for an existing permittee and for all new permittees, include a timeline, measurable goals, and estimated date of completion (MM/YY) for Outfall Mapping:

[Click here to enter text.](#)

3. Identification of Receiving Waters (names and locations of all the Waters of the US that receive discharge from those outfalls)	Percent Complete at time of NOI submission 100%
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If 100% of requirements are NOT met for an existing permittee and for all new permittees, include a timeline, measurable goals, and estimated date of completion (MM/YY) for Receiving Water Identification:

[Click here to enter text.](#)

F. SUMMARY OF RECEIVING WATERS

Does the MS4 have outfalls that discharge to Waters listed in A.A.C. R18-11 Article 1, Appendix B?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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If "yes" the MS4 discharges to receiving water(s) listed in A.A.C. R18-11 Article 1, Appendix B, then the following section must be completed. If "no" discharges occur to receiving water(s) listed in A.A.C. R18-11 Article 1, Appendix B, then the following section does not need to be filled out, proceed to Section G. If you answer "yes," the receiving water segment is Impaired, Not-Attaining or an Outstanding Arizona Water (OAW), you must also complete Part H.3- Impaired, Not-Attaining and OAWs and BMPs.

Identify Appendix B surface water(s) that receives discharge(s) from the MS4	Number of outfalls discharging to receiving water?	Is the receiving water listed as an Impaired, Not-Attaining or OAW (choose one)?	List Pollutant(s) causing the Impairment(s):	Does the receiving water have a TMDL?
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G. STORMWATER MANAGEMENT PROGRAM (SWMP) SUMMARY

G-1. MCM 1: Public Education and Outreach

For MCM 1- Public Education and Outreach, use the pull down menu to indicate the BMP Category (column 1). You may override the selection and type in your own BMP. Include a brief description of the BMP (column 2) including the personnel position or department(s) responsible. Describe the Measureable Goals (column 3) for each BMP, including the targeted audience such as commercial, construction, industrial or residential for MCM 1. Column 3 should include milestones, timeframes and frequencies. Insert the month and year (MM/YY) in the Start Date (column 4) to indicate the date the BMP was initiated or enter your own text to override the selection.

BMP Category (enter your own text to override the drop down menu)	BMP Description (include personnel position or department responsible)	Measurable Goals (include milestones, timeframes and frequencies) and include the Targeted Audience	Start Date (MM/YY) (enter your own text to override the drop down menu)
Brochures	SWMP training info developed based on EPA and State brochures and placed on Safety/GEMS Bulletin Board (public area across from Elevators #4 & #5). GEMS Program Manager.	New or updated information quarterly. Target Audience: Staff and visitors.	08/16
Display/ Posters	Provide training materials to distribute to their staff. Environment of Care Committee members.	New or updated information, annually. Target Audience: Staff and visitors.	6/2004
Meeting	Provide chemical and oil spill prevention and clean-up training as Spill Prevention Control & Countermeasure Plan (SPCC). GEMS Program Manager.	Annual. Target Audience: Engineering Staff and Grounds Crew.	08/16
Article	Publish SWMP-related article in Hayden Hotline (weekly online news letter). GEMS Program Manager.	Annual. Target Audience: Staff and visitors.	08/16
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MCM 1: Public Education and Outreach

Use this space to add any additional information for MCM1:

[Click here to enter text.](#)

G-2. MCM 2: Public Involvement and Participation

For MCM 2- Public Involvement and Participation, use the pull down menu to indicate the BMP Category (column 1). You may override the selection and type in your own BMP. Include a brief description of the BMP (column 2) including the personnel position or department(s) responsible. Describe the Measureable Goals (column 3) for each BMP. Column 3 should include milestones, timeframes and frequencies. Insert the month and year (MM/YY) in the Start Date (column 4) to indicate the date the BMP was initiated or enter your own text to override the selection.

BMP Category (enter your own text to override the drop down menu)	BMP Description (include personnel position or department responsible)	Measurable Goals (include milestones, timeframes and frequencies)	Start Date (MM/YY) (enter your own text to override the drop down menu)
Public Involvement	Adopt-a-Street. Clean Indian School Rd from 7 th Street to 7 th Avenue. Public Affairs.	Quarterly on the 2 nd Saturday of the month. Target Audience: Staff and their family and/or friends.	8/2010
Public Participation	Review and update the SPCC Plan BMP's during on the monthly GEMS Committee meetings. GEMS Program Manager.	Annually. Make available to all employees online as a component of the GEMS Manual.	08/16
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MCM 2: Public Involvement and Participation

Use this space to add any additional information about MCM2:

[Click here to enter text.](#)

G-3. MCM 3: Illicit Discharge Detection and Elimination (IDDE) Program

For MCM 3- Illicit Discharge Detection and Elimination (IDDE) Program, use the pull down menu to indicate the BMP Category (column 1). You may override the selection and type in your own BMP. Include a brief description of the BMP (column 2) including the personnel position or department(s) responsible. Describe the Measureable Goals (column 3) for each BMP. Column 3 should include milestones, timeframes and frequencies. Insert the month and year (MM/YY) in the Start Date (column 4) to indicate the date the BMP was initiated or enter your own text to override the selection.

BMP Category (enter your own text to override the drop down menu)	BMP Description (include personnel position or department responsible)	Measurable Goals (include milestones, timeframes and frequencies)	Start Date (MM/YY) (enter your own text to override the drop down menu)
Outfall Inventory	Engineering Projects Staff will upgrade sewer / drywell drawings with existing connections and update as needed due to construction. Supervisor, Projects Section, Engineering Dept.	Annual / ongoing. Target Audience: Projects Section and and Inspectors or Surveyors necessary.	9/2004
Inspect Large Oil-Containing Storage Devices	Inspect USTs, ASTs, transformers, and hydrolic tanks for evidence of leakage as paSPCC Plan. GEMS Program Manager.	Monthly. Completed checklists maintained in Working Copy of SPCC Plan in GEMS Program Manager's office.	4/2016
Training	Provide training on identifying spills, leaks, and appropriate response for clean-up following approved SPCC Plan protocols. GEMS Program Manager.	Annual. All new hires receive Awareness Training. The Emergency Response Team is trained in specific response procedures according to the Emergency Preparedness Manual and the local SPCC Plan. Contractors also trained when their project has a potential for a spill.	06/16
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MCM 3: Illicit Discharge Detection and Elimination (IDDE) Program

Use this space to add any additional information about MCM3:

[Click here to enter text.](#)

G-4. MCM 4: Construction Activity Stormwater Runoff Control

For MCM 4- Construction Activity Stormwater Runoff Control, use the pull down menu to indicate the BMP Category (column 1). You may override the selection and type in your own BMP. Include a brief description of the BMP (column 2) including the personnel position or department(s) responsible. Describe the Measurable Goals (column 3) for each BMP. Column 3 should include milestones, timeframes and frequencies. Insert the month and year (MM/YY) in the Start Date (column 4) to indicate the date the BMP was initiated or enter your own text to override the selection.

BMP Category (enter your own text to override the drop down menu)	BMP Description (include personnel position or department responsible)	Measurable Goals (include milestones, timeframes and frequencies)	Start Date (MM/YY) (enter your own text to override the drop down menu)
Training	Provide training on how to determine if BMPs on a construction site are appropriate. Supervisor, Projects Section, Engineering Dept.	Annual / ongoing. Target Audience: Engineering Dept., Projects Section.	9/2004
BMPs Erosion/ Sediment Control	Pre-Construction: review plans and verify BMPs are project and site appropriate. Ensure BMPs are commensurate with current SWMP. Supervisor, Projects Section, Engineering Dept. and GEMS Program Manager	Annual or as needed per project. Target Audience: Contracting Officer's Technical Representatives and Construction Project Competent Person.	9/2013
Site Plan Review	New project under design to upgrade SWMP capacity. Design Completion Date: 5/27/2017. Projects Section: David Anderson	Ongoing. Plan review currently at 65%.	06/16
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MCM 4: Construction Activity Stormwater Runoff Control

Use this space to add any additional information about MCM4:

[Click here to enter text.](#)

G-5. MCM 5: Post-Construction Stormwater Management in New Development and Redevelopment

For MCM 5- Post-Construction Stormwater Management in New Development and Redevelopment, use the pull down menu to indicate the BMP Category (column 1). You may override the selection and type in your own BMP. Include a brief description of the BMP (column 2) including the personnel position or department(s) responsible. Describe the Measureable Goals (column 3) for each BMP. Column 3 should include milestones, timeframes and frequencies. Insert the month and year (MM/YY) in the Start Date (column 4) to indicate the date the BMP was initiated or enter your own text to override the selection.

BMP Category (enter your own text to override the drop down menu)	BMP Description (include personnel position or department responsible)	Measurable Goals (include milestones, timeframes and frequencies)	Start Date (MM/YY) (enter your own text to override the drop down menu)
Site Plan Reviews	LOW IMPACT DEVELOPMENT (LID) involves a design approach that begins early in the site design process and includes the design of structural stormwater best management practices (BMP's). The three components are: Site Planning, Hydrologic Management, and LID Management practices that minimize runoff from roofs and pavements, converts concentrated flow to sheet flow and then manages it. Contracting Officer's Technical Representative.	Annual / ongoing. Target Audience: Projects Section, Engineering Dept.	9/2004
Runoff Control Assessment	Develop and redevelop applicable facilities in a manner that maintains or restores stormwater runoff to the maximum extent technically feasible. GEMS Program Manager.	Annual / ongoing. Target Audience: Projects Section, Engineering Dept. Monthly inspections by GEMS Program Manager during construction phase of exterior projects.	9/2004
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MCM 5: Post-Construction Stormwater Management in New Development and Redevelopment

Use this space to add any additional information about MCM5:

[Click here to enter text.](#)

G-6. MCM 6: Pollution Prevention and Good Housekeeping

For MCM 6- Pollution Prevention and Good Housekeeping, Insert the Facility Name applicable to the MS4. Use the pull down menu to indicate the BMP Category (column 1). You may override the selection and type in your own BMP. Include a brief description of the BMP (column 2) including the personnel position or department(s) responsible. Describe the Measureable Goals (column 3) for each BMP. Column 3 should include milestones, timeframes and frequencies. Insert the month and year (MM/YY) in the Start Date (column 4) to indicate the date the BMP was initiated or enter your own text to override the selection. For those BMPs that are not Facility specific, use the rows after the Facility Name inserts.

BMP Category (enter your own text to override the drop down menu)	BMP Description (include personnel position or department responsible)	Measurable Goals (include milestones, timeframes and frequencies)	Start Date (MM/YY) (enter your own text to override the drop down menu)
Insert Facility Name: Carl T. Hayden VA Medical Center (Parking Lot)			
Street Sweeping	Street Sweeping occurs 2-4 times a week depending on the (windy) weather and whether any projects are causing track-out into the lot. Grounds Crew.	Weekly sweeping at a minimum .	06/16
Insert Facility Name: Carl T. Hayden VA Medical Center			
Cleaning Basins	Catchment basins are weeded, grass cut, and/or debris removed. Grounds Crew.	Monthly, or more frequently when required.	06/16
Insert Facility Name: Carl T. Hayden VA Medical Center			
Implement Controls	Two Pet waste stations are located in grassy areas by out-patient entrances. One Pet Waste Station is located inside the Community Living Center Garden (Karma's Garden) for resident's animals and therapy pets. Grounds Crew.	Daily checked and Weekly serviced. Target Audience: Patients and their animals.	06/16
Insert Facility Name: Carl T. Hayden VA Medical Center (HAZMAT Area)			
Inspections	Inspect HAZMAT Area to ensure all bulked chemicals are stored on appropriate secondary containment with no evidence of spillage/leakage. Ensure HAZMAT removal every 6-8 weeks by certified hauler. GEMS Program Manager.	Weekly. Target Audience: Regulatory Staff and any pertinent Inspectors.	06/16

Insert Facility Name: Carl T. Hayden VA Medical Center (VHG)			
SWPPP	Veterans Healing Gargen (VHG) acts as stormwater wetlands. Ensure no debris that would interfere with rainwater storage. Keep organic drywells and Huglekulture rows viable and functioning.	Weekly. Target Audience: Compensated Work Therapy (CWT) Veterans workig the (5) campus gardens.	06/16
Insert Facility Name: Click here to enter text.			
O&M Procedures	Small vehicle maintenance area (Bldg. #2). Oil, battery, radiator, and tire maintenance here. Secondary containment for all petroleum and ethylene glycol products. Spill kits for battery acids and petroleum products. Engineering Maintenance Shop Staff.	Daily inspection/clean-up. Target Audience: Engineering Department.	06/16
Insert Pollution Prevention and Good Housekeeping BMPs that are not facility specific below			
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MCM 6 Pollution Prevention and Good Housekeeping

Use this space to add any additional information about MCM6:

[Click here to enter text.](#)

H. MONITORING

1. DRY WEATHER VISUAL OUTFALL MONITORING

Has a dry weather visual discharge monitoring program been developed?

☒ Yes

☐ No

If the above answer is "yes," provide the actual date of implementation:

9/30/2016

If the above answer is "no," provide estimated date of completion:

[Click here to enter a date.](#)

Estimated total number of municipal stormwater outfalls

5

Percent of total number of municipal stormwater outfalls to be monitored each year

100%

2.A VISUAL STORMWATER DISCHARGE MONITORING

Below identify a minimum of five outfalls or field screening points for the visual stormwater discharge monitoring program

Outfall or field screening point identification number	Name of receiving water	Is the receiving water listed as an Impaired, Not-Attaining or OAW (choose one)?
Curb Cut @ Gate 1 on 7 th Street	None	No
Curb Cut @ Gate 3 on Indian School Rd.	None	No
Curb Cut @ Gate 5 on 7 th Street	None	No
Curb Cut @ Gate 6 on Indian School Rd.	None	No
Curb Cut @ Gate 8 on 3 rd Street (Outgoing Traffic)	None	No

2.B VISUAL STORMWATER DISCHARGE MONITORING ALTERNATIVE

Are you proposing a visual stormwater discharge monitoring alternative?

☐ Yes

☒ No

If "yes" a visual stormwater discharge monitoring alternative is being proposed, provide a description of the proposed alternative and how the proposed alternative is as effective as, or is more effective than, visual stormwater discharge monitoring in the space below.

[Click here to enter text.](#)

3. IMPAIRED, NOT-ATTAINING AND OAW MONITORING AND BMPS

Part H.3 is to be completed only if the MS4 has outfalls that discharge to an Impaired, Not-Attaining or Outstanding Arizona Water (OAW), or a combination thereof.

Has a Sampling and Analysis Plan (SAP) been developed in accordance with permit Part 5.1.g?

☐ Yes

☐ No

If the above answer is "no," provide an estimated date of completion for the SAP:

[Click here to enter a date.](#)

List each individual receiving water that is Impaired, Not-Attaining or an OAW that the MS4 discharges to	How many outfalls will be sampled?	List outfall ID or unique identification	List parameter(s) to be analyzed	Provide a description of how the selected BMPS will specifically address the pollutant(s) causing the impairments or how the BMPS will be protective of the OAW
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I. NOTES AND ADDITIONAL INFORMATION

Use the space below to provide any additional information about the MS4 program.

Click here to enter text.

J. FEES

Fill out either Part A for a New Permittee or Part B for an Existing Permittee. If a New Permittee, choose one check box below to indicate the MS4s population and applicable initial permit fee. Insert the total payment included with the NOI in the text box. If an Existing Permittee, choose one check box below to indicate the MS4s population. Note: The estimated MS4 population should be based on latest Decennial Census by the Bureau of Census.

<p>Part A</p> <p><input type="checkbox"/> New Permittee.</p> <p>I confirm the correct fee payment is included with the NOI.</p> <p> <input type="checkbox"/> <or = to 10,000: \$2,500 <input type="checkbox"/> >10,000 but ≤ 100,000: \$5,000 <input type="checkbox"/> > 100,000: \$7,500 <input type="checkbox"/> Non-traditional MS4 such as hospital, college or military: \$5,000 </p> <p>Total fee payment included: Click here to enter text.</p>	<p>Part B</p> <p><input checked="" type="checkbox"/> Existing Permittee.</p> <p>No fee is required for NOI submission. You will continue to be invoiced on your current annual fee billing cycle.</p> <p> <input type="checkbox"/> <or = to 10,000 <input type="checkbox"/> >10,000 but ≤ 100,000 <input type="checkbox"/> > 100,000 <input checked="" type="checkbox"/> Non-traditional MS4 such as hospital, college or military </p>
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K. CERTIFICATION

Pursuant to A.R.S. § 41-1030:

- (1) ADEQ shall not base a licensing decision, in whole or in part, on a requirement or condition not specifically authorized by statute or rule. General authority in a statute does not authorize a requirement or condition unless a rule is made pursuant to it that specifically authorizes the requirement or condition.
- (2) Prohibited licensing decisions may be challenged in a private civil action. Relief may be awarded to the prevailing party against ADEQ, including reasonable attorney fees, damages, and all fees associated with the license application.
- (3) ADEQ employees may not intentionally or knowingly violate the requirement for specific licensing authority. Violation is cause for disciplinary action or dismissal, pursuant to ADEQ's adopted personnel policy. ADEQ employees are still afforded the immunity in A.R.S. §§ 12-821.01 and 12-820.02.

I certify under penalty of law that I have met the eligibility conditions of this permit and that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.



Printed Name:

RIMAANN O. NELSON

Title:

Medical Center Director

Ink Signature

Date:

4/19/17

